

238388

Print Application

Clear Fields

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Request for Name Change on Certificate

Genevieve Benton dba Allstates Moving Services

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 1997 - 159 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Genevieve Benton

Telephone: 207-439-0759

Address: 240 US Rt 1

Fax: 617-517-3643

Kittery, Maine 03904

Other:

Email: gbenton@aperfectmover.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input checked="" type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR SALE, TRANSFER, OR LEASE OF CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Date: 08/13/2012

IMPORTANT! A current annual report must be on file with the Commission **before** application will be accepted.

Select Class: (Check one)

- ☒ E (HHG) - Household Goods
☐ E (HAZ) - Hazardous Material

Type of Application: (Check one)

- ☐ Sale of Certificate
☐ Transfer of Certificate
☐ Lease of Certificate

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Genevieve Benton dba A Perfect Move

240 US Rt 1 Kittery, Maine 03904

Street Address of Applicant

Mailing Address of Applicant if different from street address

207-439-0759

Phone

617-517-3643

FAX

gbenton@aperfectmover.net

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)



August 13, 2012

Public Service Commission of South Carolina
Clerk's Office
P.O. Box 11649
Columbia, SC 29211

RE: Docket Number: 1997-159-T

To the respectable members of the South Carolina Public Service Commission,

Attached please find our Application to Request Name Change on Certificate. As a result of insurance requirements it has come to our attention that our name requirement should reflect that which we currently utilize in our business.

We respectfully request permission to change the name on our certificate from Genevieve Benton dba Allstates Moving Services to Genevieve Benton dba A Perfect Move. Ownership and operating guidelines will not change, simply the name with which the business operates.

We anxiously await your favorable response.

Best Regards,



Genevieve Benton
A Perfect Move

240 US Route 1, Kittery, Maine 03904

Maine: (207) 439-0757 New Hampshire: (603) 501-1895 Toll Free: (866) 630-6740

www.APERFECTMOVE.net
